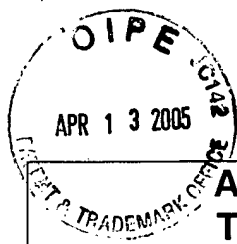


EFW Gr 2665



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ADMENDMENT
TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	09/921,234
Filing Date	8/02/01
First Named Inventor	Kotzin, Michael D.
Group Art Unit	2665
Examiner Name	Hsu, Alpus
Attorney Docket Number	CS10468

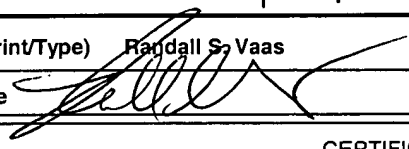
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

Remarks:

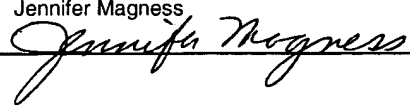
CORRESPONDENCE ADDRESS

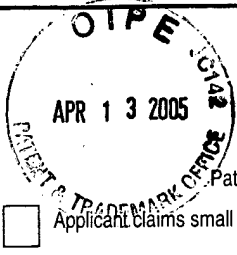
☐ Customer Number or Bar Code Label  or ☐ Correspondence address below

Name:	Motorola, Inc.		
Address:	Intellectual Property Department		
	600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-2327	Fax:	847-523-2350
Name (Print/Type) Randall S. Vaas	Registration No. 34,479		
Signature 	Date 4-11-2005		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name: Jennifer Magness	Date 4/11/05
Signature 	

 <div style="text-align: center;"> FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div>		Complete if Known	
		Application Number	09/921,234
		Filing Date	8/02/01
		First Named Inventor	Kotzin, Michael D.
		Examiner Name	Hsu, Alpus
		Group Art Unit	2665
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	CS10468

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
Check	<input type="checkbox"/>		
Credit card	<input type="checkbox"/>		
Money Order	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
None	<input type="checkbox"/>		

☒ Deposit Account:

Deposit Account Number: **502117**

Deposit Account Name: **Motorola, Inc.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

4. ADDITIONAL FEES

	Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1020	2253	510	Extension for reply within third month
1254	1590	2254	795	Extension for reply within fourth month
1255	2160	2255	1080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1000	2403	500	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	500	2452	250	Petition to revive - unavoidable
1453	1500	2453	750	Petition to revive - unintentional
1501	1400	2501	700	Utility issue fee (or reissue)
1502	800	2502	400	Design issue fee
1503	1100	2503	550	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801	395	Request for Continued Examination
1802	900	1802	900	Request for expedited examination of a design application

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXTRA CLAIM FEES

	Fees (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple Dependent Claims	360	180

Total Claims: - 20 or HP = X 50 = Fee Paid (\$):

HP = highest number of total claims paid for, if greater than 3

Indep. Claims: - 3 or HP = X 200 = Fee Paid (\$):

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 100 = /50 = (round up to a whole number) X 250 =

5. OTHER FEE(S) (specify)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$):

SUBMITTED BY

Name (Print/Type): **Randall S. Yaas**

Signature: 

Registration No. **34,479** Telephone **847-523-2327**

Date **4-11-2005**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: KOTZIN, MICHAEL D. CASE NO.: CS10468
SERIAL NO.: 09/921,234 GROUP: 2665
FILED: 8/02/01 EXAMINER: HSU, A.
ENTITLED: METHOD AND APPARATUS FOR AGGREGATION OF
WIRELESS RESOURCES OF PROXIMAL WIRELESS
UNITS TO FACILITATE DIVERSITY SIGNAL COMBINING

Motorola, Inc.
Personal Communications Sector
600 North US Highway 45 AS437
Libertyville, IL 60048

AMENDMENT

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed February 24, 2005, transmitted herewith please find a Fee Transmittal Form, and an Amendment Transmittal Form. Please amend the above-identified application as follows.

Amendments to the claims are reflected in the listing of claims which begin on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.